

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 11228518	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1					51				
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
8						58				
9						59				
10	1					60				
11		1				61				
12		1				62				
13		1				63				
14		2				64				
15		2				65				
16		1				66				
17		1				67				
18						68				
19						69				
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43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.						TOTAL IND.				
TOTAL DEP.						TOTAL DEP.				
TOTAL CLAIMS						TOTAL CLAIMS				